

**Patient experience survey**

**Date and time:** \_\_\_\_\_

**Team**

- PED
- Green
- Purple
- RME

*We would like to ask you about your experience with today's visit to the emergency department. Please rate us in the following areas:*

**Please circle your choice.** Your responses are kept confidential and will not affect your/your child's care.

**When you are finished, please fold and drop this form in one of the marked boxes around the emergency department.**

Friendliness of your doctor(s)/nurse practitioner	very poor	poor	acceptable	very good	excellent
Friendliness of your nurse(s)	very poor	poor	acceptable	very good	excellent
Wait time to be seen by a doctor/nurse practitioner	very poor	poor	acceptable	very good	excellent
Wait time for tests and test results	very poor	poor	acceptable	very good	excellent
Timely communication about your/your child's care plan	very poor	poor	acceptable	very good	excellent
Management of your/your child's pain	very poor	poor	acceptable	very good	excellent
Attention to your questions and concerns	very poor	poor	acceptable	very good	excellent
Overall professionalism of the staff	very poor	poor	acceptable	very good	excellent
Clarity of your/your child's discharge instructions	very poor	poor	acceptable	very good	excellent

**Was there any staff member you would like to recognize for having done an excellent job taking care of you/your child?**

**If yes, will you share with us who it was?** \_\_\_\_\_

**How likely are you to recommend us to others**

very unlikely	unlikely	neutral	likely	very likely
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**How many stars would you give us for this visit?**

★
★★
★★★
★★★★
★★★★★

**Reason why:** \_\_\_\_\_

***Please don't write below this line***

**Recommendations:**

Pos	Neu	Neg
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Improvement opportunity:

Staff recognition opportunity:

